PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (87)-273-2885

appropriate. All further cindicated unless correcte	correspondence including d below or directed oth	ig the Patent, advance of erwise in Block 1, by (a	rders and notification of n i) specifying a new corres	naintenance fces w pondence address;	rill be ma and/or (siled to the current of b) indicating a separ	correspondence address a rate "FEE ADDRESS" fo
CURRENT CORRESPONDE	Note Fee(pape	Note: A certificate of mailing can only be used for domestic mailings of the Foc(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mus have its own certificate of mailing or transmission.					
5642	7590 . 09/10	2007	nave				
SCIENTIFIC-A INTELLECTUA 5030 SUGARLO	I her State addr trans	Certificate of Mailing or Transmission I hereby certify that this Fec(s) Transmistal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimilit transmitted to the USPTO (571) 273-2885, on the date indicated below.					
LAWRENCEVII	LLE, GA 30044						(Depositor's name)
							(Signature)
			1.0				(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/073,842	073,842 02/11/2002		Arturo A. Rodriguez		A-7496 6628		6628
TITLE OF INVENTION:	MANAGEMENT OF 1	ELEVISION ADVERT					
							<u> </u>
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0		\$1700	12/10/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS				
BUI, KIEU OANH T		2623	725-032000				
1. Change of corresponde CFR 1.363).	nce address or indication	n of "Fec Address" (37	2. For printing on the p				
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
			(2) the name of a single firm (having as a member a				
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney of agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AT	ND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or typ	ie)			
PLEASE NOTE: Unle recordation as sel forth	ess an assignee is ident in 37 CFR 3.11. Com	ified below, no assignee	data will appear on the pa T a substitute for filing an	ntent. If an assign	ee is iden	ntified below, the do	cument has been filed fo
(A) NAME OF ASSIC			(B) RESIDENCE: (CITY				
Scientific-Atlanta, Inc.			Lawrenceville, Georgia				
Please check the appropri	ate assignce category or	categories (will not be pa	rinted on the patent):	Individual Co	rporation	or other private grou	ap entity Government
4a. The following fee(s) a	re submitted:	41	. Payment of Fee(s): (Plea	se first reapply ar	y previo	usly paid issue fee s	hown above)
Issue Fee	o small entity discount p	A check is enclosed.	4 r pro 2020				
Advance Order - #		The Director is hereby authorized to charge the required fcc(s), any deficiency, or credit any overpayment, to Deposit Account Number 1971 (cnclose an extra copy of this form).					
5. Change in Entity Stat			overpayment, to Depo	sit Account Numbe	HP	(cnclose an	extra copy of this form).
	SMALL ENTITY state		☐ b. Applicant is no long	er claiming SMAI	L ENTI	TY status. See 37 CF	R 1.27(g)(2).
NOTE: The Issue Fee and interest as shown by the n	Publication Fee (if requeeords of the United Sta	aired) will not be accepte tes Patent and Trademark	d from anyone other than the				
Authorized Signature	(July)	3/1/0A		Date 7	her	2007	
Typed or printed name				Registration N	lo3	39,259	
This collection of informs an application. Confident submitting the completed this form and/or suggestic Box 1450, Alexandria, Vi Alexandria, Virginia 2231	tion is required by 37 C ality is governed by 35 application form to the ons for reducing this but rginia 22313-1450. DC 3-1450.	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR	on is required to obtain or n 1.14. This collection is est depending upon the indiversity of the chief Information Office COMPLETED FORMS TO	etain a benefit by the imated to take 12 r indual case. Any co r, U.S. Patent and OTHIS ADDRESS	he public ninutes to mments o Trademar . SEND	which is to file (and o complete, including on the amount of tim k Office, U.S. Depar TO: Commissioner for	by the USPTO to process gathering, preparing, and e you require to complete truent of Commerce, P.O. or Patents, P.O. Box 1450

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.